

DIH SPA Summary 8-15-24	Public Notice Date	Proposed Effective Date	Target Date or Date Submitted to CMS	CMS Approval Date	CMS Approved Effective Date	MCAC Present Date
UT-24-0017 Dispensing Fees; This amendment updates pharmacy dispensing fees as required by CMS and removes the definition for urban pharmacies.	7-14-24	7-15-24	9-24-24			8-15-24
UT-24-0018 Third-Party Liability; This amendment implements new provisions for third-party payers regarding prior authorization.	8-11-24	9-1-24	8-20-24			8-15-24
UT-24-0019 Quality Improvement Incentives; This amendment clarifies and updates the requirements on applications submitted by facilities who choose to participate in the various quality improvement incentive programs.	6-30-24	7-1-24	8-30-24			8-15-24
UT-24-0020 Licensed Behavioral Healthcare Providers; The purpose of this amendment is to combine the services of licensed healthcare providers in the State Plan with other authorized non-behavioral services.	8-25-24	9-1-24	9-24-24			8-15-24

S. PRESCRIBED DRUGS (Continued)

Professional Dispensing Fees

The Utah Medicaid professional dispensing fees are as follows:

1. ~~\$11.57 for prescriptions except hemophilia clotting factor; and \$9.99 for urban pharmacies located in Utah;—~~
2. ~~\$97.53 for hemophilia clotting factor, \$10.15 for rural pharmacies located in Utah;—~~
0. ~~\$9.99 for pharmacies located in any state other than Utah; and—~~
-
0. ~~\$716.54 for hemophilia clotting factor.—~~
-

~~Urban pharmacies are pharmacies physically located in Weber, Davis, Utah and Salt Lake counties.—~~

Drugs Dispensed by IHS/Tribal facilities

Covered outpatient drugs dispensed by an IHS/Tribal facility to an IHS/Tribal member are reimbursed at the encounter rate in accordance with the Utah Medicaid Indian Health Services Provider Manual.

Specialty Drugs and Covered Outpatient Drugs Primarily Dispensed through the Mail

Specialty drugs and covered outpatient drugs primarily dispensed through the mail are reimbursed in the same manner as other covered outpatient drugs in accordance with the reimbursement rules of this section.

Prescription Delivery Reimbursement

~~Reimbursement for delivery of covered outpatient drugs will be paid at a rate published in the Utah Medicaid Provider Manual when billed using the appropriate NCPDP values as specified in the Utah Medicaid Provider Manual.—~~

T.N. # 24-000524-0017

Approval Date _____

Supersedes T.N. # 22-001024-0005

Effective Date 7-1-247-15-24

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation
42 CFR 433.151(a)
50 FR 46652

4.22 Third-Party Liability (Continued)

(f) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third-party benefits assigned to the State as a condition of eligibility for medical assistance with at least one of the following:

(Check as appropriate.)

State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

Other appropriate State agency(s)--
Office of Recovery Services, Department of Human Services

Other appropriate agency(s) of another State--

Courts and law enforcement officials.

42 CFR 433.151(b)

(g) The Medicaid agency meets the Secretary's method as provided in the State Medicaid Manual, Section 3910 for making incentive and for distributing third-party collections.

50 FR 46652
433.153 and 433.154
1906 of the Act

(h) The Medicaid agency specifies group health plan used in determining the cost effectiveness of an employer determining the cost effectiveness of an employer-based group health plan by selecting one of the following:

The State provides methods for determining cost effectiveness on Att. 4-22-C.

1902(a)(25)(I) of the Act

(i) The state of Utah has created state statute that (1) bars liable third-party payers from refusing payment for an item or service solely on the basis that such item or service did not receive prior authorization under the third-party payer's rules and (2) specifies that a third party must respond within 60 days of receiving the inquiry regarding a health care claim.

T.N. # 91-02524-0018

Approval Date 7-10-92

Supersedes T.N. # 87-791-025

Effective Date 12-1-91-1-24

900 RATE SETTING FOR NFs (Continued)

927 QUALITY IMPROVEMENT INCENTIVE

In order for a facility to qualify for any Quality Improvement Incentive or Initiative in Subsections (1) or (2) or (3):

- The facility must:
 - submit all required documentation;
 - ~~The facility must~~ clearly mark and organize all supporting documentation to facilitate review by Department staff;
 - ~~submit one application per email with one PDF attachment as follows:~~
 - ~~Page 1 is the application form~~
 - ~~Page 2 and thereafter contains all relevant supporting documentation~~
 - ~~The PDF may not exceed 12 pages for QII(1) and (3);~~
 - ~~The facility must~~ submit the completed and accurate application form and all supporting documentation for that incentive or initiative via email, to gii@utah.gov, no later than May 31st of each year.

- (1) Quality Improvement Incentive 1 (QII1):
- (a) Funds in the amount of \$1,000,000 shall be set aside from the base rate budget annually to reimburse current Medicaid-certified non-ICF/IID facilities that have:
- (i) A meaningful quality improvement plan that includes the involvement of residents and family, which includes the following (weighting of 50%);
 - 1) A demonstrated process of assessing and measuring that plan; and
 - 2) Four quarterly customer satisfaction surveys conducted by an independent third party with the final quarter ending on March 31 of the incentive period, along with an action plan that addresses survey items rated below average for the year;
 - (ii) A plan for culture change along with an example of how the facility has implemented culture change (weighting of 25%);
 - (iii) An employee satisfaction program (weighting of 25%);
 - (iv) No violations that are at an "immediate jeopardy" level as determined by the Department during the incentive period; and
 - (v) A facility that receives a substandard quality of care level F, H, I, J, K, or L during the incentive period is eligible for only 50% of the possible reimbursement.
 - ~~(vi)~~ A facility that receives more than one substandard quality of care in F, H, I, J, K, or L in more than one survey during the incentive period is ineligible for reimbursement under this incentive.
- (b) The Department shall distribute incentive payments to qualifying, current Medicaid-certified facilities based on the proportionate share of the total Medicaid resident days in qualifying facilities.
- (c) If a facility seeks administrative review of the determination of a survey violation, the incentive payment will be withheld pending the final administrative adjudication. If violations are found not to have occurred, the Department will pay the incentive to the facility. If the survey findings are upheld, the Department will distribute the remaining incentive payments to all qualifying facilities.
- (d) This QII1 period is from July 1st through June 30th of each State Fiscal Year for that State Fiscal Year.

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T.N. # 23-000624-0019

Approval Date November 28, 2023

Supersedes T.N. # 15-002023-0006

Effective Date 7-1-237-1-24

1100 ICF/IIDICF/IID FACILITIES (Continued)

1195 INCENTIVES

In order for an ICF/IID to qualify for any Quality Improvement Incentive or Initiative in Subsections (1) or (2):

- The ICF/IID must:
 - ~~submit~~ submit all required documentation;
 - ~~The ICF/IID must~~ clearly mark and organize all supporting documentation to facilitate review by Department staff;
 - submit one application per email with one PDF attachment as follows:
 - Page 1 is the application form
 - Page 2 and thereafter contains all relevant supporting documentation
 - The PDF may not exceed 12 pages for the QII(1)
 - ~~The ICF/IID must~~ submit the completed and accurate application form and all supporting documentation for that incentive or initiative via email, to qii@utah.gov, no later than May 31st of each year for QII1 and as stated in 2)d) for QII2.

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1) Quality Improvement Incentive 1 (QII1):

- a) The Department shall set aside \$200,000 annually from the base rate budget for incentives to current Medicaid-certified ICF/IIDs. In order for an ICF/IID to qualify for an incentive:
 - i) The application form and all supporting documentation for this incentive must be emailed or mailed with a postmark during the incentive period. Failure to include all required supporting documentation precludes an ICF/IID from qualification.
 - ii) The ICF/IID must clearly mark and organize all supporting documentation to facilitate review by Department staff.
- b) In order to qualify for an incentive, an ICF/IID must have:
 - i) A meaningful quality improvement plan which includes the involvement of residents and family with a demonstrated means to measure that plan (weighting of 50%);
 - ii) Four quarterly customer satisfaction surveys conducted by an independent third party with the final quarter ending on March 31 of the incentive period, along with an action plan that addresses survey items rated below average for the year (weighting of 25%);
 - iii) An employee satisfaction program (weighting of 25%); and
 - iv) No violations, as determined by the Department, that are at an "immediate jeopardy" level during the incentive period.

v) An ICF/IID receiving a condition level deficiency during the incentive period is eligible for only 50% of the possible reimbursement.

vi) An ICF/IID facility that receives more than one condition level deficiency in the incentive period is ineligible for reimbursement under this incentive.
- c) The Department shall distribute incentive payments to qualifying ICF/IIDs based on the

proportionate share of the total Medicaid resident days in qualifying ICF/IIDs.

- d) If an ICF/IID seeks administrative review of a survey violation, the incentive payment will be withheld pending the final administrative determination. If violations are found not to have occurred at a severity level of immediate jeopardy or higher, the incentive payment will be paid to the ICF/IID. If the survey findings are upheld, the Department shall distribute the remaining incentive payments to all qualifying ICF/IIDs.

This QII1 period is from July 1st through June 30th of each State Fiscal Year for that State Fiscal Year.

1100 ICF/IIDs (Continued)

1195 ~~4195~~ QUALITY IMPROVEMENT INCENTIVE

3) 2 Quality Improvement Incentive 2 (QII2)

- a) In addition to the above incentives, funds in the amount of \$967,700 have been allocated to fund the QII2 for facility improvements beginning in State Fiscal Year 2024.
- b) This QII2 period is for incentive programs completed from July 1 until May 31, of each State Fiscal Year.
- c) In order to qualify for the QII2:
 - i) A facility must demonstrate proof of completing the incentive by the end of the defined period;
 - ii) The facility's proposal and execution documentation must include a detailed description demonstrating how the selected categories were successfully implemented during the time period for which payment is being requested.
- d) Each Medicaid provider may apply for the following quality improvement incentives:
 - ICF/IID
 - i) Incentive for facilities to implement, for each resident, based upon the ability of the individual served, employment opportunity, work assessment, community integration or staff education programs. Qualifying ICF/IID facilities may receive a per bed amount calculated by dividing \$967,700 by the sum of the ICF/IID Medicaid-certified beds as of July 1. An ICF/IID facility is limited to no more than 50 beds for this incentive. The sum of beds will not use more than 50 beds for any facility. The following qualifying criteria shall apply:
 - (A) The facility shall select two programs under this Subsection (ii)(D), (E), (F), (G) or (H) to complete during the SFY;
 - (B) The facility shall provide a proposal, no later than September 30 or within 30 days of approval of this State Plan amendment's (T.N. #23-0006) approval date, to the Department detailing how the QII(2)(d)(ii) payments will be utilized to establish and execute the selected programs during the SFY (25%);
 - (C) The facility shall submit an application detailing the implementation of the proposal to the Department 30 days before the end of quarters 2, 3 and 4 or within 30 days of approval of this State Plan amendment's (T.N. #23-0006) approval date. The detail should denote how the selected QII(2)(d)(ii) programs were successfully implemented during the quarter (25% for each quarter);

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1100 ICF/IIDs (Continued)

1195 QUALITY IMPROVEMENT INCENTIVE

(D) The proposal and execution applications for implementing an employment, vocational, or life skills training opportunity program, uniquely tailored to each individual, shall include the following elements:

- I. Employment opportunity (unless the individual is in school or of retirement age);
- II. Vocational opportunity as required through the state vocational rehabilitation office (unless the individual is of retirement age);
or
- III. Life skills training or, for individuals of retirement age, retirement activities and outings

(E) The proposal and execution applications for implementing a work assessment program shall address cognitive, physical, social, behavioral appropriateness, and communication abilities appropriate for the work environment.

(F) The proposal and execution applications for implementing a community integration program shall address how the facility facilitates a community integration process with membership, community opportunity, normalized errands, housing, adaptive equipment, financial services, healthcare services, individualized interests, and transportation services.

(G) The proposal and execution application for implementing a staff education program shall include the following elements:

- I. Resident rights; and
- II. Community opportunity and integration resources;

(H) The proposal and execution application for implementing a COVID-19 staff vaccination program including payment incentives of at least \$50 for staff receiving the required dosage at the interval recommended by the manufacturer and booster or annual doses within 3 months of becoming eligible based on the most current CDC and ACIP recommendations. This includes staff who were fully vaccinated against COVID-19 prior to the start of SFY 2023. The application must include a list of employees who received the required dosage, verification the employee received the incentive and each employee's signature attesting to each person's having met the parameters.

(I) If COVID-19 restrictions interfere with the execution of the QII2(ii) program proposed for any given period, the ICF/IID may qualify for funds by demonstrating execution of the program with modifications appropriate during the national public health emergency as declared by the President of the United States for the program.

ii) Any funds having not been disbursed for the QII(2)(d)(ii) program are available to reimburse qualifying ICF/IID facilities ~~having achieved 100% of eligible payment in QII(2)(d)(ii)~~. The Department shall distribute incentive payments to qualifying ICF/IID facilities based on the proportionate share of unused funds divided by the number of Medicaid-certified beds as of July 1, not to exceed 50. In order to qualify for this incentive, an ICF/IID must have:

(A) Achieved 100% of eligible payment in QII(2)(d)(i);

(B) No violations, as determined by the Department, that are an "immediate jeopardy" level during the incentive period; and

- ##(C) No condition level of deficiency during the incentive period.
- e) The Department shall distribute incentive payments to qualifying, current Medicaid-certified ICF/IID facilities based on the following example which is for illustrative purposes only:
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REHABILITATIVE SERVICES

LIMITATIONS

Rehabilitative Mental Health Services

Rehabilitative services include any medical or remedial services recommended by a physician or other licensed practitioner ~~of the healing arts~~, within the scope of their practice under state law, for the maximum reduction of physical or mental disability and restoration of a beneficiary to the beneficiary's best possible functional level. Rehabilitative mental health and substance use disorder services (hereinafter referred to as mental health services) are medically necessary services designed to promote the member's mental health and restore the member to the highest possible level of functioning.

Services and required supervision are provided in accordance with state scope of practice laws governing the applicable profession.

Services do not include room and board, services to residents of institutions for mental diseases, services covered elsewhere in the State Medicaid plan, educational, vocational and job training services, recreational and social activities, habilitation services and services provided to inmates of public institutions.

~~*Services with an asterisk can involve the participation of a non-Medicaid eligible individual but are provided for the direct benefit of the member. The service must actively involve the member in the sense of being tailored to the member's individual needs. There may be times when, based on clinical judgment, the member is not present during the delivery of the service, but remains the focus of the service.~~

~~Psychiatric Diagnostic Evaluation*~~

~~Psychiatric diagnostic evaluations mean evaluations for the purpose of identifying the member's need for mental health services. The evaluation is an integrated biopsychosocial assessment, and includes history, mental status and recommendations. Psychiatric diagnostic evaluation with medical services is an integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources for the direct benefit of the member, prescription of medications, and review and ordering of laboratory or other diagnostic studies. The service includes assessments and reassessments if required. If it is determined mental health services are medically necessary, a provider qualified to perform this service is responsible for the development of an individualized treatment plan. The qualified provider is also responsible to conduct reassessments/treatment plan reviews with the member as clinically indicated to ensure the member's treatment plan is current and accurately reflects the member's rehabilitative goals and needed mental health services.~~

T.N. # 21-000924-0020

Approval Date 5-26-22

Supersedes T.N. # 20-001221-0009

Effective Date 7-1-219-1-24

REHABILITATIVE SERVICES

LIMITATIONS (Continued)

Rehabilitative Mental Health Services

~~When evaluations are conducted for the purpose of determining the member's need for medication prescription only, these evaluations may be conducted by licensed physicians and surgeons or osteopathic physicians regardless of specialty; licensed APRNs and licensed APRN interns regardless of specialty; and other medical practitioners licensed under state law, most commonly licensed physician assistants regardless of specialty.~~

Mental Health Assessment*

~~Mental health assessment means, participating as part of a multi-disciplinary team, qualified providers assist in the psychiatric diagnostic evaluation process defined under Psychiatric Diagnostic Evaluation to: (1) gather psychosocial information including information on the member's strengths, weaknesses and needs, and historical, social, functional, psychiatric, or other information and (2) assist the member to identify treatment goals. The provider assists in the psychiatric diagnostic reassessment/treatment plan review process specified under Psychiatric Diagnostic Evaluation by gathering updated psychosocial information and updated information on treatment goals and by assisting the member to identify additional treatment goals. Information also may be collected through in-person or telephonic interviews with family/guardians or other sources as necessary. The information obtained is provided to the qualified provider who will perform the psychiatric diagnostic evaluation assessment, reassessment or treatment plan review.~~

~~Under state law only individuals qualified to conduct psychiatric diagnostic evaluations may diagnose mental health disorders.~~

Psychological Testing*

~~Psychological testing means evaluation to determine the existence, nature and extent of a mental illness or other disorder using standardized psychological tests appropriate to the member's needs, with interpretation and report.~~

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Supersedes T.N. # 13-00321-0009

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REHABILITATIVE SERVICES

LIMITATIONS (Continued)

Rehabilitative Mental Health Services

Psychotherapy

Psychotherapy means psychotherapy with patient, family psychotherapy with patient present, family psychotherapy without patient present*, group psychotherapy, and multiple family group psychotherapy*.

Substance use disorder counselors and individuals enrolled in a qualified substance use disorder counseling education program exempted from licensure in accordance with state law may co-facilitate group psychotherapy with a mental health therapist.

Psychotherapy for Crisis

Psychotherapy for crisis means an urgent assessment and history of a crisis state and disposition, psychotherapy to minimize the potential for psychological trauma, and mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life-threatening or complex and requires immediate attention to a member in high distress.

Psychotherapy with Evaluation and Management Services

Psychotherapy with evaluation and management services means psychotherapy with the member when performed with an evaluation and management service on the same day by the same provider.

Pharmacologic Management (Evaluation and Management Services)*

Pharmacologic management means reviewing and monitoring the member's prescribed medication(s) and medication regimen to manage a behavioral health condition. Reviewing and monitoring includes evaluation of dosage, effect the medication is having on the member's symptoms, and side effects. Any of the following may also be included in the service: prescription of medications to treat the member's behavioral health condition, providing information (including directions for proper and safe usage of medications), and/or administering medications as applicable. The service can also address other health issues as applicable.

Nurse Medication Management*

Nurse medication management means reviewing and monitoring of the member's prescribed medication(s) and medication regimen to manage a behavioral health condition. Reviewing and monitoring includes evaluation of dosage, effect the medication is having on the member's symptoms, and side effects. Any of the following may also be included in the service: providing information (including directions for proper and safe usage of medications) and/or administering medications as applicable. The service can also address other health issues as applicable.

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REHABILITATIVE SERVICES

LIMITATIONS (Continued)

Rehabilitative Mental Health Services

Therapeutic Behavioral Services

Therapeutic behavioral services means behavioral interventions to assist members with specific identified behavior problems. The service may be provided to an individual or group.

Psychosocial Rehabilitative Services

Psychosocial rehabilitative services means services designed to restore members to their maximum functional level through interventions such as cueing, modeling, and role-modeling of appropriate fundamental daily living and life skills. This service is aimed at maximizing the member's basic daily living and life skills, increasing compliance with the medication regimen as applicable, and reducing or eliminating symptomatology that interferes with the member's functioning, in order to prevent the need for more restrictive levels of care such as inpatient hospitalization. The service may be provided to an individual or group. Intensive psychosocial rehabilitative services may be coded when a ratio of no more than five individuals per provider is maintained during a group service.

Supportive Living

Supportive living means costs incurred by licensed residential treatment programs, that do not qualify for bundled payments, or licensed residential support programs when members are treated in these programs.

Costs include those incurred for 24-hour staff, facility costs associated with providing individual covered services (e.g., individual psychotherapy, pharmacologic management, etc.) provided at the facility site, and apportioned administrative costs. Costs do not include the covered services costs or room and board costs.

This level of care is recommended by a physician or other qualified health care professional and helps to restore patients with serious mental illness (SMI) or SED to their best possible functioning level

Peer Support Services*

Peer support services means services provided for the primary purpose of assisting in the rehabilitation and recovery of members with mental health and/or substance use disorders. For children, peer support services are provided to their parents/legal guardians or other caregivers as appropriate to the child's age, and the services are directed exclusively toward the Medicaid-eligible child.

Peer support services may be provided to an individual or a group. On occasion, it may not be possible to meet with the peer support specialist in which case a telephone contact with the member or the member's parent/legal guardian or other caregivers would be allowed.

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Peer support services are designed to promote recovery. Peers offer a unique perspective that clients find credible; therefore, peer support specialists are in a position to build alliances and instill hope. Peer support specialists lend their unique insight into mental illness and what makes recovery possible.

Peer support services must be recommended by an individual authorized under state law to perform psychiatric diagnostic evaluations and develop treatment plans. Peer support groups are limited to a ratio of 1:8.

To become a certified peer support specialist, individuals must successfully complete a peer support specialist training curriculum developed by the State of Utah, Department of Health and Human Services, Division-Office of Substance AbuUse and Mental Health (DSAMHOSUMH), in consultation with national experts in the field of peer support. Training is provided by DSAMH OSUMH or a qualified individual or organization sanctioned by DSAMHOSUMH. At the end of the training individuals must successfully pass a written examination. Individuals who pass the examination receive a written peer specialist certification from the DSAMHOSUMH. Certified peer specialists also successfully complete any continuing education required by the DSAMH OSUMH to maintain the certification.

T.N. # 21-000924-0020 Approval Date 5-26-22
Supersedes T.N. # 13-003-21-0009 Effective Date 7-1-219-1-24

REHABILITATIVE SERVICES PRACTITIONERS CHART

Provider Type	Licensure/ Certification Authority	Provider Type Requires Supervision Y/N	Provider Type Supervises Others Y/N
Physician and Surgeon or Osteopathic Physician engaged in the practice of mental health therapy	Utah Mental Health Professional Practice Act	N	Y, may supervise APRN interns, registered nurses (RNs), licensed practical nurses (LPNs), medical assistants; certified social workers (CSWs), CSW interns (CSW-Is), associate clinical mental health counselors (ACMHCs), social service workers (SSWs) and individuals working toward licensure as an SSW; substance use disorder counselors if meets Mental Health Professional Practice Act qualifications regarding substance use disorder (SUD) training & experience; peer support specialists; individuals trained to provide psychosocial rehabilitative services (PRS)
Physician and Surgeon or Osteopathic Physician	Utah Medical Practice Act	N	Y, may supervise APRN interns, RNs, LPNs, medical assistants; ACMHCs; substance use disorder counselors if meets Mental Health Professional Practice Act qualifications regarding substance use disorder (SUD) training & experience
Advanced Practice Registered Nurse (APRN) specializing in psychiatric mental health nursing	Utah Mental Health Professional Practice Act	N	Y, may supervise APRN interns, RNs, LPNs, medical assistants; CSWs, CSW-Is, ACMHCs, SSWs and individuals working toward licensure as an SSW; SUDCs if meets Mental Health Professional Practice Act qualifications regarding substance use disorder (SUD) training & experience; peer support specialists; individuals trained to provide PRS
Advanced Practice Registered Nurse (APRN) intern specializing in psychiatric mental health nursing	Utah Mental Health Professional Practice Act	Y	Y, may supervise RNs, LPNs, medical assistants; SSWs and individuals working toward licensure as an SSW, peer support specialists; individuals trained to provide PRS
Advanced Practice Registered Nurse (APRN) (not psychiatric specialty)	Utah Nurse Practice Act	N	Y, may supervise APRN interns, RNs, LPNs, medical assistants

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Supersedes T.N. # 13-003 Effective Date 7-1-21

REHABILITATIVE SERVICES PRACTITIONERS CHART

Provider Type	Licensure/ Certification Authority	Provider Type Requires Supervision Y/N	Provider Type Supervises Others Y/N
Advanced Practice Registered Nurse (APRN)-intern (not psychiatric specialty)	Utah Nurse Practice Act	Y	Y, may supervise RNs, LPNs, medical assistants
Licensed Psychologist	Utah Mental Health Professional Practice Act	N	Y, certified psychology residents; CSWs, CSW-Is, ACMHCs, SSWs and individuals working toward licensure as an SSW, and may supervise APRN interns specializing in psychiatric mental health nursing (non-medical services only) as delegated by the primary supervisor; substance use disorder counselors if meets Mental Health Professional Practice Act qualifications regarding training & experience; peer support specialists, individuals trained to provide PRS
Certified Psychology Resident	Utah Mental Health Professional Practice Act	Y	Y, may supervise SSWs and individuals working toward licensure as an SSW; substance use disorder counselors if meets Mental Health Professional Practice Act qualifications regarding substance use disorder (SUD) training & experience; peer support specialists, individuals trained to provide PRS
Physician Assistant specializing in mental health care	Utah Mental Health Professional Practice Act	N	Y, may supervise RNs, LPNs, medical assistants, or other license types if allowed by state rule; substance use disorder counselors if meets Mental Health Professional Practice Act qualifications regarding substance use disorder (SUD) training & experience; peer support specialists, individuals trained to provide PRS
Physician Assistant without mental health care specialty	Utah Medical Practice Act	N	Y, may supervise RNs, LPNs, medical assistants, or other license types if allowed by state rule

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Supersedes T.N. # 13-003 Effective Date 7-1-21

REHABILITATIVE SERVICES PRACTITIONERS CHART

Provider Type	Licensure/ Certification Authority	Provider Type Requires Supervision Y/N	Provider Type Supervises Others Y/N
Licensed Clinical Social Worker (LCSW)	Utah Mental Health Professional Practice Act	N	Y, may supervise CSWs, CSW-Is, ACMHCs, SSWs and individuals working toward licensure as an SSW; APRN interns specializing in psychiatric mental health nursing (non-medical services only) as delegated by the primary supervisor; substance use disorder counselors if meet Mental Health Professional Practice Act qualifications regarding substance use disorder (SUD) training & experience; peer support specialists, individuals trained to provide PRS
Certified Social Worker (CSW) and CSW intern	Utah Mental Health Professional Practice Act	Y	Y, may supervise SSWs and individuals working toward licensure as an SSW; substance use disorder counselors if meet Mental Health Professional Practice Act qualifications regarding substance use disorder (SUD) training & experience; peer support specialists, individuals trained to provide PRS
Marriage and Family Therapist (MFT)	Utah Mental Health Professional Practice Act	N	Y, may supervise associate MFTs, CSWs, CSW-Is, ACMHCs, SSWs and individuals working toward licensure as an SSW; APRN interns specializing in psychiatric mental health nursing (non-medical services only) as delegated by the primary supervisor; substance use disorder counselors if meet Mental Health Professional Practice Act qualifications regarding substance use disorder (SUD) training & experience; peer support specialists, individuals trained to provide PRS
Associate Marriage and Family Therapist (AMFT)	Utah Mental Health Professional Practice Act	Y	Y, may supervise SSWs and individuals working toward licensure as an SSW; substance use disorder counselors if meet Mental Health Professional Practice Act qualifications regarding substance use disorder (SUD) training & experience; peer support specialists, individuals trained to provide PRS

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Supersedes T.N. # 13-003 Effective Date 7-1-21

REHABILITATIVE SERVICES PRACTITIONERS CHART

Provider Type	Licensure/ Certification Authority	Provider Type Requires Supervision Y/N	Provider Type Supervises Others Y/N
Clinical Mental Health Counselor (CMHC)	Utah Mental Health Professional Practice Act	N	Y, may supervise ACMHCs, CSWs, CSW-Is, SSWs and individuals working toward licensure as an SSW, APRN interns specializing in psychiatric mental health nursing (non-medical services only) as delegated by the primary supervisor; substance use disorder counselors if meet Mental Health Professional Practice Act qualifications regarding substance use disorder (SUD) training & experience; peer support specialists, individuals trained to provide PRS
Associate Clinical Mental Health Counselor (ACMHC)	Utah Mental Health Professional Practice Act	Y	Y, may supervise SSWs and individuals working toward licensure as an SSW; substance use disorder counselors if meet Mental Health Professional Practice Act qualifications regarding substance use disorder (SUD) training & experience; peer support specialists, individuals trained to provide PRS
Students exempted from licensure while working toward licensure as a mental health therapist	State statute	Y, pursuant to state statute, by qualified faculty, staff, or designee	N
Individual employed as a psychologist by a state, county or municipal agency or other political subdivision of the state prior to July 1, 1981, and who subsequently has continuously maintained that employment as a psychologist while engaged in the performance of official duties for that agency or political subdivision.	State statute	Y	Y, may supervise SSWs and individuals working toward licensure as an SSW; substance use disorder counselors if meet Mental Health Professional Practice Act qualifications regarding substance use disorder (SUD) training & experience; peer support specialists, individuals trained to provide PRS

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REHABILITATIVE SERVICES PRACTITIONERS CHART

Provider Type	Licensure/ Certification Authority	Provider Type Requires Supervision Y/N	Provider Type Supervises Others Y/N
Social Service Worker (SSW), and individual working toward licensure as an SSW	Utah Mental Health Professional Practice Act	Y	Y, SSWs may supervise individuals trained to provide PRS
Substance Use Disorder Counselors: Advanced Substance Use Disorder Counselor (ASUDC); Certified Advanced Substance Use Disorder Counselor (CASUDC); Certified Advanced Substance Use Disorder Counselor Intern (CASUDC-I); Substance Use Disorder Counselor (SUDC); Certified Substance Use Disorder Counselor (CSUDC); Certified Substance Use Disorder Counselor Intern (CSUDC-I)	Utah Mental Health Professional Practice Act	Y	Y, ASUDCs may supervise all of the substance use disorder license types, peer support specialists & individuals trained to provide PRS when peer support services or PRS is provided to individuals with a substance use disorder; SUDCs may supervise peer support specialists & individuals trained to provide PRS when peer support services or PRS is provided to individuals with a substance use disorder
Registered Nurse	Utah Nurse Practice Act	Y	Y, may supervise LPNs, medical assistants, individuals trained to provide PRS
Licensed Practical Nurse	Utah Nurse Practice Act	Y	N

Peer Support Specialist	State Statute	Y	N
Individual trained to provide Psychosocial Rehabilitative Services	NA	Y	N
<u>Individual trained to provide Supportive Living</u>	<u>N/A</u>	<u>Y</u>	<u>N</u>
<u>Certified Behavioral Health Technicians</u>	<u>State Statute</u>	<u>Y</u>	<u>N</u>

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ATTACHMENT 3.1-B
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Provider Type	Licensure/ Certification Authority	Provider Type Requires Supervision Y/N	Provider Type Supervises Others Y/N
Medical Assistant	Utah Medical Practice Act	Y	N
Registered nursing student; individual enrolled in a qualified substance use disorder education program	State statute	Y, pursuant to state statute, by qualified faculty, staff, or designee	N

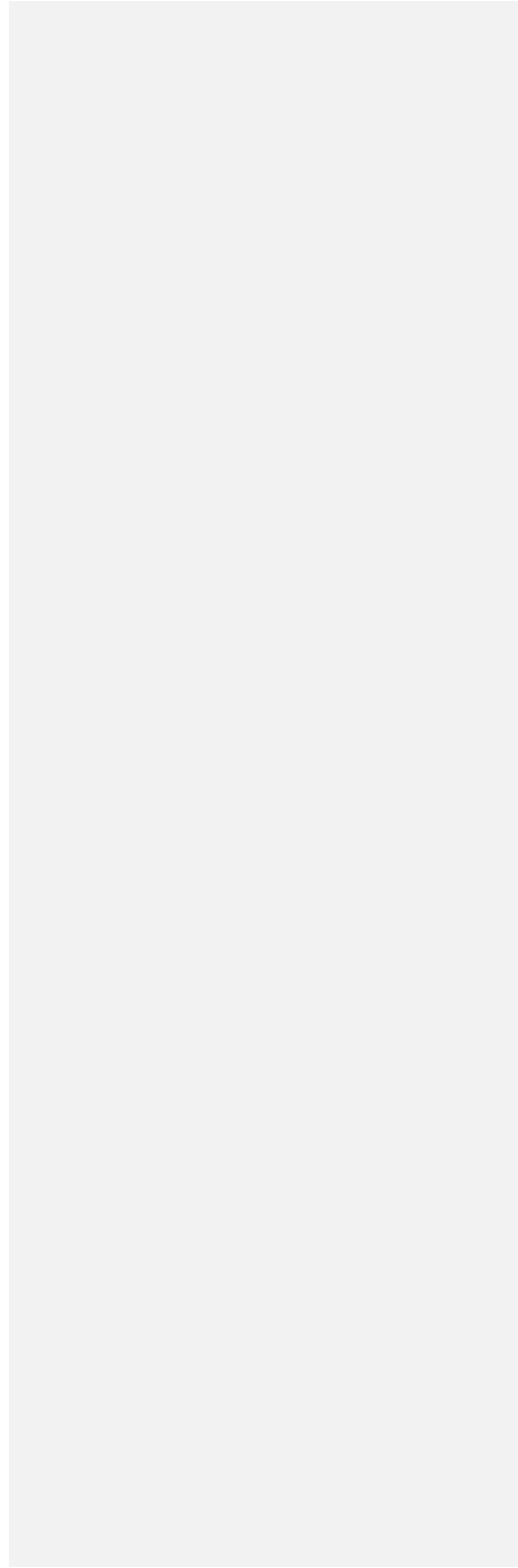
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SERVICES PROVIDED BY OTHER PRACTITIONERS' SERVICES

1. Services of a licensed nurse practitioner practicing within the scope of practice according to state law.
2. Services of a licensed physician assistant practicing within the scope of practice according to state law.
3. Services of a licensed pharmacist practicing within the scope of practice according to state law and limited to prescribing drugs or devices.
4. Services of a psychologist, board-certified behavior analyst (BCBA), or board-certified assistant behavior analyst (BCaBA) licensed to provide autism spectrum disorder (ASD) services within the scope of practice according to state law.
Behavior technicians may provide ASD services under the supervision of licensed psychologists and BCBAs who assume professional liability in accordance with state law and scope of practice acts.
 - a. Licensed psychologists and BCBAs are responsible for reporting the service(s) furnished.
5. Services of an individual licensed to provide recreational therapy services within the scope of practice according to state law.
6. Services of a licensed mental health therapist practicing within the scope of practice according to state law.
7. Services of a licensed social service worker practicing within the scope of practice according to state law.
8. Services of a licensed substance use disorder counselor practicing within the scope of practice according to state law.
9. Services of a licensed behavioral health coach practicing within the scope of practice according to state law.

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